STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00070217

2 Total pages filed: 4

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 07/14/2025

Date Hand-delivered or Date Postmarked:

Receipt #:

Amount:

Date Processed:

Date Imaged:

3 CANDIDATE NAME

MS / MRS / MR: Dr.
FIRST: Dana L.
MI:
NICKNAME:
LAST: Myers
SUFFIX: M.D.

4 CANDIDATE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2617C Holcombe Blvd #411
Houston, TX 77025

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr.
FIRST: Ernest
MI:
NICKNAME:
LAST: Angelo
SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
410 N. Main Street
Midland, TX 79705

7 CAMPAIGN TREASURER PHONE

AREA CODE: (432) 684-4449
PHONE NUMBER:
EXTENSION:

8 REPORT TYPE

- ☐ January 15
- ☐ 30th day before convention / election
- ☐ Runoff
- ☒ July 15
- ☐ 8th day before convention / election
- ☐ Final report (Attach SC C/OH-FR)

9 PERIOD COVERED

Month Day Year: 01/01/2025 THROUGH Month Day Year: 06/30/2025

10 CONVENTION / ELECTION DATE

Month Day Year:

11 OFFICE SOUGHT

- ☒ STATE CHAIR
- ☐ COUNTY CHAIR

12 POLITICAL PARTY

Republican

COUNTY (If Applicable):

GO TO PAGE 2

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH
COVER SHEET PG 2

13 CANDIDATE NAME Myers M.D., Dana L. (Dr.)	**14** Filer ID 00070217 (Ethics Commission Filers)

15 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

This box is for notice of political expenditures by political committees to support the candidate. *These expenditures may have been made without the candidate's knowledge or consent.* Candidates are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 70.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 110.35
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

17 AFFADAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dr. Dana L. Myers M.D.

Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

SUBTOTALS - SC C/OH

FORM SC C/OH
COVER SHEET PG 3

18 CANDIDATE NAME	**19** Filer ID (Ethics Commission Filers)
Myers M.D., Dana L. (Dr.)	00070217

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2. ☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3. ☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. ☐	SCHEDULE E: LOANS	$
5. ☒	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 70.00
6. ☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7. ☐	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$
8. ☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9. ☐	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	$
10. ☐	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11. ☐	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
12. ☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/4	**2** FILER NAME Myers M.D., Dana L. (Dr.)	**3** Filer ID (Ethics Commission Filers) 00070217
4 Date 06/30/2025	**5** Payee name Plains Capital Bank	
6 Amount ($) $70.00	**7** Payee address; City; State; Zip Code 2911 Turtle Creek Boulevard Suite 1300 Dallas, TX 75219	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule) Accounting/Banking	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense banking fees

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held